

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>6/19/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>48</i>	<i>23/00</i>
FORMALITY REVIEW	<i>CM</i>	<i>7632</i>	<i>8/9/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>6/24/01</i>
2	<i>8/1/02</i>
3	<i>8/21/02</i>
4	<i>8/9/03</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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